

## PSA screening isn't "nonsense"—it saved my life

I read Dr. Susman's editorial on PSA screening (*J Fam Pract.* 2011;60:319) with great personal interest.

I am 43 years old; I have no family history of prostate cancer and had no symptoms. Yet my Gleason 7 prostate cancer was found by a PSA test. You can argue that statistically, it would be better that I be allowed to die so that 722 others could be spared the stress of testing, some subset of those could be spared a biopsy, and some still smaller subset could be spared overtreatment. But my PSA test wasn't "screening nonsense," as Dr. Susman laments. It was ordered by a wise and caring physician and it saved my life.

Go ahead and take a position based on statistics. But please don't dismiss the judgment of other knowledgeable professionals as "nonsense."



Scott Orwig  
Saline, MI

## We narrowed the differential with the "Haagen-Dazs test"

It was a Saturday night when I called my parents, both of whom are doctors, to report the intermittent epigastric pain I'd had throughout the day. Since starting medical school a few months earlier, I had a penchant for self-diagnosing ailments that just happened to coincide with the topic of the week. I thus felt certain it was stomach cancer. Yet I was still surprised when my parents said they'd stop by—an offer they never made when I thought I had Ehlers-Danlos or Marfan syndrome.

A quick physical exam left them debating whether I had a peptic ulcer (Mom) or cholecystitis (Dad). I sided with my mom, having just learned that my description fit

only 2 of the "4 Fs" and not yet knowing anything about ulcers. When I noted that an ultrasound would have to wait until after an exam early next week, Dad handed me a pint of Haagen-Dazs from the freezer. I happily indulged while he explained that the ice cream would either soothe my ulcerated stomach lining or further aggravate my gallbladder. A half-pint (and a half-hour) later, my parents

headed home.

I awoke at 5:30 AM with a horrendous pain in the right upper quadrant. I called home and managed to communicate that I was headed to the emergency department, where I underwent the very imaging studies I'd hoped to avoid. After a normal ultrasound, an unremarkable computed tomography (CT), and a good bit of Dilaudid, I was admitted for observation.

On Monday, I was sent for a hepatobiliary iminodiacetic acid (HIDA) scan. A few hours later I felt the same excruciating pain that had brought me to the hospital, and was told that my ejection fraction was 23%. On Tuesday, I was in the operating room having my inflamed and sludge-filled gall bladder excised.

One lesson to take away from this anecdote is that it may be worth exploring low-cost, low-tech means of investigating illness. Although Dad's affectionately named "Haagen-Dazs test" did not yield a definitive diagnosis, it certainly helped to narrow the differential. In view of the increasing pressure on physicians to curb health care costs and respond to patient complaints about depersonalized treatment, low-tech, low-cost measures are a win for everyone. After all, what patient wouldn't love being told to eat dessert first?

Karen L. Rolston  
Buffalo, NY



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